

CLAIMS ONLY						Application Number <b>10/783581</b>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1		/					51					
2			/				52					
3				/			53					
4					/		54					
5						/	55					
6							56					
7							57					
8							58					
9							59					
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13							63					
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15							65					
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17							67					
18							68					
19		/					69					
20			/				70					
21				/			71					
22					/		72					
23						/	73					
24							74					
25							75					
26							76					
27							77					
28		/					78					
29			/				79					
30				/			80					
31					/		81					
32						/	82					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend			37				Total Depend					
Total Claims			40				Total Claims					